DOCUMENT RESUME

ED 265 720 EC 181 710

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TITLE Speech Acquisition and Archetypes: A Developmental Study of Autistic Young Adults.
PUB DATE Dec 85
NOTE 28p.; Paper presented at the International Symposium on Autism (Geyersville, CA June 3-5, 1985).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Descriptive (141)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Affective Behavior; *Autism; *Communication Skills; *Language Acquisition; *Linguistics; *Speech Therapy; Young Adults

ABSTRACT

This paper examines the communication of autistic individuals and describes a speech therapy approach based on a view of speech as an archetypal reality, and suggests that the archetypal nature of speech manifests itself in autistic persons and that drumming or chanting can release the inner flow. Intervention techniques were used to create rapport (meaning-bonds) with two autistic young adults in the course of 8 months of group and individual sessions. In the first instance, pre-linguistic development took place after the age of puberty in an autistic person whose pre-linguistic development had been arrested. In the second case, the young adult increased his vocabulary, sentences, and interaction with other subjects. His success is ascribed to his feeling at ease to respond to people and events, choice of topics and materials adapted to his interest and capabilities, and presentation of materials in small, meaningful units that could be used in different communicative settings. (CL)

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ED265720

Speech acquisition and archetypes: A developmental study of autistic young adults

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December 1985

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Earlier version presented at the International Symposium on Autism, Geyserville, California, June 1983.

EC181710

What happens when an autistic person is incapable of producing a sound, a word, or a spontaneous sentence? How does a therapist deal with speech impairment? In order to answer this question, we must first ask: what is the intrinsic nature of speech? Going beyond linguistic definitions where speech is synonymous with language and its use (la parole, de Saussure, 1916) or with performance (Chomsky, 1965), I suggest, as a preliminary answer, a gestaltic definition of speech in the form of a paradigm composed of three elements.

1. Speech is a structure through which archetypal reality is expressed
   a) by articulated units (through discourse, syntax, semantics, morphology and phonology)
   b) by non-articulated units (through facial and bodily expression, tone of voice, etc.)
2. Speech is communication, intentional interaction: relations or meaning-bonds which result from participation within shared organizational forms (linguistic, social and psychological in nature).
3. Speech at its core is a living substance which is the most available source of archetypal reality.

As an introductory remark, let me quickly sketch some conventional ways of defining speech before elaborating on the above model.

The theory of language has been greatly influenced by Bloomfield (1933) who defined language as an object of scientific investigation from a mechanistic point of view. Language thus is a set of possible utterances,[2] that «result for the most part in far more accurate, specific, and delicate co-ordination than... non-linguistic means.» (Bloomfield 1933:144). According to Bloomfield, as interpreted by Davis, «the lack of technique for characterizing all meanings» (Davis 1973:92) makes it impossible to demonstrate patterns in the nonverbal component of the speech act. Linguistic investigation is reduced to the description of «speech utterances (that) are alike as to form and meaning» (Bloomfield 126:154). Thus, the verbal component of speech is

considered as conventional and patterned whereas the nonverbal component (i.e. the example of Jack and Jill in Bloomfield 1933:22) is nonconventional or individual and therefore unpatterned.

We now know that nonverbal speech behaviour is patterned (Harper et al, 1978) and that there are ways of encoding nonverbal (Argyle, 1969) or paralinguistic (Crystal, 1979) meaning. In this paper, I propose a new definition of speech as a multichannel phenomena (Scherer, 1980) where the essential meaning elements are verbal and nonverbal (and paralinguistic), pragmatic and psychological, a system within the larger system of communication. We call it a gestaltic system where the whole is emphasized rather than its individual parts.[3.]

We will now briefly look at elements 1 and 2, those best known to linguists and educators and then discuss the least known element 3 in more detail.

Element 1: Speech seen as a structure, is composed of at least two sets of interrelated units, those articulated and those not articulated. Articulated forms englobe all elements that make up spoken language from the phoneme (contrastive speech sound) as the minimal unit, to discourse as the largest unit within language (Vanet, 1979; Keller, 1985).

Non-articulated units concern all nonverbal elements (Harper et al, 1978; Knapp, 1984) and paralinguistic (Crystal, 1975a) such as gesture (Kendon, 1984), eye glance (Argyle and Cook, 1976), proximity (Hall, 1959) and also voice quality (Crystal, 1975b) or speech flow (Scherer, 1982) and intonation (Bollinger, 1964, 1972; Crystal, 1979). These elements, among other things, may either reinforce (illustrate), modify, contradict or replace (if nonverbal) the act of speaking (Crystal, 1975a). Speech[4.] can thus be verbal and nonverbal, where the latter co-occurs with the former as an intrinsic part of its contextual meaning. Or speech can be nonverbal where meaning is only conveyed through bodily expressions without articulated speech.

Element 2: Speech is a structure of articulated and non-articulated forms whose main function is to communicate (Hymes, 1964, 1972). It is a structure that, as its ultimate goal, is used to create interaction, meaningful relations, communication between individuals (Hall, 1976). It is a social tool shared by the members of a speech community (Gumperz, 1961, 1972). Speech has a socio-psychological function. It is simultaneously a manifestation of the speaker's psychological make-up, i.e. his/her inner realities (Clynes, 1978). This leads us to Element 3.

Element 3: Speech as a communicative form, is a living substance (Lockhart, 1978). It relates to the most basic aspect of communication, an aspect usually ignored by linguists, yet central to Jungian psychology and universal to human experience. Speech is a manifestation of energy patterns (Hillman, 1979). For example, people are uplifted, fulfilled, driven or overcome by affective energies. Accordingly, their word, like living entities, energize, touch, turn off or destroy. Speech is an energetic substance deeply anchored in the hidden realities of consciousness, realities archetypal in nature.

Let me define archetypes. According to C.G. Jung (1960, v.8 1959, v.9i) the psyche of human beings is universal and made up of the collective unconscious which contains archetypes. Archetypes are «premordial images» (Jung, 1964) which appear involuntarily, manifesting processes of the unconscious. Every archetype is a closed energetic system, a psychic impulse unknown in its essence to the conscious mind. Its existence can be felt however, experienced by an individual and expressed unconciously as such. Arechetypal realities affect speech and are therefore included as the most basic element within the gestaltic paradigm.

Let us now see how this paradigm relates to autism. One characteristic of autism is speech impairment (Eisenberg, 1956; Rutter et al, 1967; Wing, 1971): speech is either delayed (Rutter, 1971, 1978), regressed or arrested (Fey and Schuler, 1980). In these cases I propose:

1) that an autistic child has acquired only partially or not at all one or more aspects of speech (elements 2a), b) and or 3)
2) that in each autistic child the most basic element of speech (element 3), its living substance, or archetypal reality, is present.

For example, only a few words or parts of words may be available to the autistic child when s/he «speaks», whereas more expressive elements may be accessible at the nonverbal level. As a result, his/her speech would have limited interactional value within different communicative situations. Or, the child might not produce any linguistic forms when communicating, but only a few bodily expressions and therefore reduce the interaction in its effectiveness. In spite of these limitations, whenever there is an attempt to communicate, the living substance of speech is present. Its flow (energy pattern) as shown above, would be inhibited, or be present in a modified, unconventional form i.e. a fleeting glance, timidly requesting attention.

I further propose that this living substance, because of its inherent nature, will manifest itself in an autistic person in a more or less voluntary manner i.e. the autistic person is driven by this substance, a primitive energy, to communicate in a certain idiosyncratic fashion that is not necessarily approved of or accepted. In other words each autistic person has his or her own non-conforming system of communication regardless of his or her linguistic competence of performance. I also propose that through an outer symbol or stimulant which relates to a certain archetypal reality, the inner flow can be released, i.e. through drumming or chanting.

Successful therapy begins when interaction (meaning-bonds) is established between the one who treats or teaches and the one who is treated or taught. Common ground is established. The therapist or educator recognizes the communication patterns of the autistic person (i.e. facial expressions) and with it the underlying archetypal reality, and confirms and validates them

regardless of the degree of effectiveness, appropriateness or acceptability.

This paper is an attempt to illustrate intervention techniques I used to create rapport (meaning-bonds) with two autistic young adults, Fred (age 21) and Walter (age 26) over a period of eight months in group and individual sessions.[5.] I will briefly describe how the bonds between us turned into fertile ground for further speech development.

We will limit ourselves to the following areas:

1) Archetypal realities recognized and respected: creating a safe place;
2) Releasing the flow of speech:
   a) verbal and nonverbal speech production training
   b) communicative use of speech in different social settings.

Fred, who was initially at the prelinguistic stage where he was not able to produce voluntary sounds began to babble just before my departure. Walter, at the holophrastic stage (production-wise), improved articulation and started to enlarge his one-word sentences to two or three word constructions.

FRED

Fred's speech (according to professional reports) developed normally until the age of 18 months, the holophrastic (one word) stage. Then speech acquisition ceased and ultimately regressed. Fred's development stopped at a point where he should have started to learn about the relations between objects and the actor (Bloom, 1970) and incorporate them into small sentences, initially of two words. Fred withdrew and ultimately regressed. When I started to work with him he had a hard time voluntarily producing a sound.[6.]

Communication was rare. If it occurred, it usually was non-articulate (in gestures, body movements and often animal-like cries). His vocal apparatus seemed to be frozen, completely blocked. He usually sat unnoticed, amorphous in a corner. No

one was capable of assessing formally Fred's speech comprehension. It was assumed by the staff that Fred understood little spoken language. Therefore, he was not often talked to or approached verbally.

1) Archetypal realities recognized and respected: creating a safe place.

Music, rhythm, movements and dance were Fred's favourite world in which he felt well and alive. The world of music obviously reflected very positive archetypal realities for Fred that would manifest themselves sporadically through vocal outbursts[7.] and new motor activities.[8.] In each instance, these manifestations were a response to specific outer stimuli. Inevitably, new pre-speech development followed. In my work with Fred, I explored as much as possible music as a libido-releasing stimulus, i.e. I started each individual speech session with a musical ritual: we played a tape of chanting. I usually sang along and moved my body according to the rhythm. Initially, Fred listened attentively. Soon he started to move with his body or his head to the rhythm, while making articulatory-like movements with his lips and tongue as if trying to join in the chanting. The drum was also often used and gradually he learned to drum somewhat himself when encouraged. Music, or sound, is one of the key factors in releasing right hemisphere activity such as speech development (Ross, 1979). We now know that the right brain (hemisphere) takes part in the developmental aspect of speech, including after the age of puberty (Curtiss et al, 1974; Fromkin et al, 1974).

In the following section we shall discuss in more detail Fred's speech training.

2a) Releasing the flow of speech:
verbal and nonverbal speech production training

At the prelinguistic stage, Fred needed sensory motor ac-

tivities preparatory to speech production, such as breathing, sucking, eye-contact, proximity and motor planning exercises, as well as neck, throat and mouth stimulation, to name a few.

We shall briefly enlarge on breathing, sucking and neck, throat and face stimulation:

(i) breathing

-stimulating while lifting both arms had little success;

-blowing exercises were totally unsuccessful.

(ii) sucking

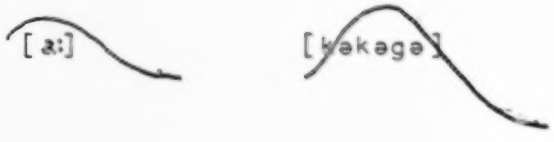
We worked on sucking apple juice, one of Fred's favourite drinks, out of a baby bottle. Since sucking was seemingly impossible (he didn't seem to know anymore how to suck) he bit on the nipple. After many frustrating sessions Fred finally succeeded.[9.] This new acquisition proved to be a corner-stone for further development.

(iii) neck, throat, tongue and face stimulation

(a) with ice cubes

I heard Fred laugh for the first time, giggle and make a beautiful song-like sound when I started to stimulate his neck,[10.] mouth, cheeks, jaw and throat with ice cubes. The following sounds (phonetic symbols in square brackets) and accompanying intonation contours (curves ⁀) were produced during the first ice cube stimulation session.

high voice

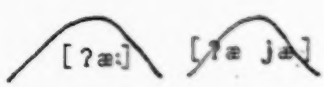


low voice

h.v. [ə̄ ə̄] (shouts)

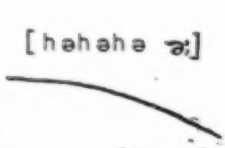
l.v.

h.v.



(fiercely)

l.v.



(laughter)

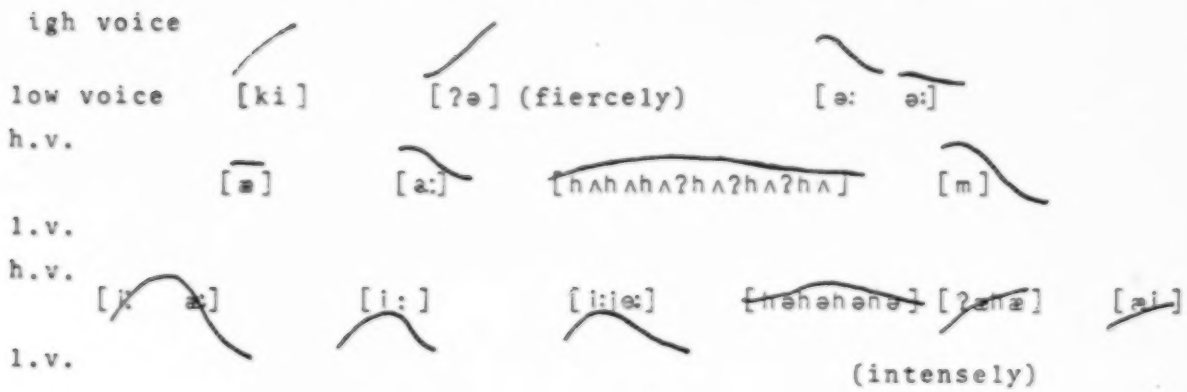
(forced voice)

Stimulation with ice, together with an element of surprise, initially "released" the vocal chords. Later on, when Fred had come to recognize the ice technique, its effectiveness seemed to diminish during the session.

At times, though, there were positive after-effects. One day, following a session with ice stimulation, Fred was very sociable, sat in the middle of the circle where dream-sharing was going on, and produced beautiful singing sounds -- his contribution to sharing.

(b) with a feather

The vocal results were also very positive:



To summarize, Fred's vocalization is characterized by the following features:

(i) prosodic features
  (a) extreme pitch glides
  (b) ascending or descending intonation curves (initially, intonation was mainly descending)
  (c) volume alternating between soft, forced, loud and normal

(ii) phonetic features
  (a) prolonged and short vowels, produced with the tongue in front and unrounded mouth position; with two unrounded, central vowels [ə] [ʌ]

(b) consonants, produced in the back of the mouth: two stops and [k] , and one fricative [h] , with the exception of an occasional bilabial nasal [m] and a palatal semi-consonant [j] .

The phonetic inventory resembles certain characteristics of infant vocalization at the pre-babbling stage where consonants initially are produced in the back of the mouth (Wolff, 1969; Stark, 1979). However, the above prosodic features, while typical of autistic speech (Ricks, 1975) are somewhat deviant from the norm at the pre-babbling stage.

Sustained laughter (as observed in Fred) emerges in the latter part of the pre-babbling stage (Stark, 1979) and precedes the babbling stage as such. Just before my departure, during the last few sessions, Fred occasionally started producing the following babbling sounds [adada]. Notice the dental consonant sound, a new consonant acquisition articulated behind the teeth in front of the mouth.

In the following section, we shall briefly show how Fred's pre-speech acquisitions were put to communicative use.

2b) Releasing the flow of speech: communicative use of speech in different social settings

Fred's pre-linguistic acquisitions inevitably had a positive effect on his immediate environment. Fred started to participate more fully in group activities: during sharing periods he occasionally participated by sitting on the «sharing spot», in front of the teacher making articulatory motions with his mouth or even producing singing sounds (melodic intonation contours). He started asking for what he wanted (nonverbally, and usually from adults only). If he needed affection, he quickly sat in the lap of one of the male counsellors with whom he felt comfortable, or put his arm around this person. Before that, he refused to be touched. Even if these outreaching gestures lasted only for a

fleeting moment, the requests were expressed nonverbally and thus made known. (Vocal communication attempts seemed to be paired with non-vocal communication attempts). The staff in the whole responded in a very encouraging way, and included him more frequently in group activities. In turn, Fred started to collaborate, or interact more readily, occasionally taking the initiative.

Fred started to feel safe in his environment. Every day he seemed to gain new ground and surprised us with new language and cognitive acquisitions.

We have seen that pre-linguistic development can take place after the age of puberty in an autistic young person whose pre-linguistic development had been arrested. In the case of Fred, pre-linguistic development (production-wise) seemed to follow sequential patterns observed in infants at the pre-linguistic stage (Stark, 1979). Also, in a somewhat modified way (see i.e. prosodic features), new vocal output seemed to stimulate or correspond to more active social interaction and communication per se.

WALTER

In contrast to Fred, Walter was a young man who was often eager to communicate. His speech development had been arrested at the one-word stage, though once in a while he produced a two word sentence. His phonetic inventory was extremely limited. Walter had severe articulation deficiencies. He was conscious that something was wrong with his speech and hesitated to speak in unfamiliar situations. Or, when excited, speech often did not flow. Some of the sounds seemed to get «stuck in the throat», as the vocal apparatus tightened up during the process of articulation. The lips and tongue would keep moving, though little or no sound would emerge. After many trials, there would only be empty lip movements, begging eyes, a hand that would pull the listener

closer as if to insist upon the importance of the unspoken message.

This communication problem was well illustrated in his drawings of people. He simply drew a big square mouth with teeth that looked like prison bars blocking off the flow of speech (see Annex 1). Also, his repetitive stereotyped activities hinted at speech problems. He would twiddle his fingers on his clenched teeth, with his lips apart.

Walter had severe articulation deficiencies. Thus, verbal interaction with him was difficult for those who were not familiar with his linguistic repertory. Nonverbal expressions compensated partially for his verbal impairment though not enough to satisfy his intent to communicate. Walter's responses indicated that he had a good receptive command of the language. Yet, when he tried to speak, he usually blocked.

1) Archetypal realities recognized and respected: creating a safe place

Walter enjoyed conversations about his parents, their visits to him, and Christmas. Parents and Christmas represent important archtypes (Jung, 1959). This was true in Walter's psyche. Whenever I would suggest an activity in relation, for instance, to his parents (such as writing them a letter of invitation for the next visit), Walter would collaborate. He also loved riding cars and taking baths. Conversing about these things was another favourite activity. He also greatly enjoyed listening to stories.

I decided to explore these different topics with Walter since they seemed to make him at ease and thus facilitated speech production.

Initially, I used stories and objects he could touch during articulation and vocabulary practice. Yet, from one lesson to the next he often forgot or seemed to be incapable of producing newly acquired forms. This was especially the case if Walter was very excited or, for some unknown reason, was afraid to fail. After many unsuccessful attempts, I finally found a strategy that worked.

For the last two months, we worked systematically on the art of conversing (presenting new material in small doses), using everyday situations and, for the articulation exercises, different stories. Walter at last felt more at ease. Mentally and psychologically he felt safer and therefore development took place, as we shall see in more detail below.

2a) Releasing the flow of speech: verbal and nonverbal speech production training

According to Jakobson (1963), bilabial or front consonants are acquired by an infant prior to velar or back consonants. Though Walter already produced words and had thus acquired some articulation skills, I decided to start systematically with the practicing of stops and nasals, first front ones [m], [p], [b], [t] and [d] followed by back consonants [k], [g]. In the last sessions we introduced a fricative [s], also frontal.

Each session contained:

-presentation and articulation of a new sound, using kinesthesic reinforcement,[12.] ex: [m] is produced while holding lips together with fingers;

-presentation of 3-4 useful, concrete words (no longer than one or two syllables) that contained the new sound word-initially ex. [mo] for more;

-repetition of the sounds and words already acquired.

It must be remembered that our primary goal was to make Walter feel safe and to enable him to enjoy the interaction, thus facilitating learning.

We paid special attention to:

(i) the communicative settings in which the new elements were introduced: they had to be meaningful and/or useful to Walter, such as meals, role-playing of ordinary, everyday events i.e. getting up in the morning, etc.

(ii) the topics: they had to fit somewhat into Walter's (conscious) universe, carrying archetypal meaning to which he

could relate, and also that would be instrumental in expanding his consciousness.

(iii) the manner in which the material was presented: the following activities seemed to be successful:

-acting out different daily happenings (role-playing) or stories with voice and appropriate gestures or body expressions, i.e. we acted out the story of Babel, incorporating articulation exercises in the form of babbling when the people of Babel started to talk in different languages;

-dramatizing like in the opera, using the voice in exagerated fashion;

-singing (right brain activity): we sang words or sentences.

(iv) the new vocabulary: treating each new word as a speech (act) entity composed of a verbal and nonverbal component. Let us not forget that infant speech <u>is</u> sound and movement (Bloom, 1970). Words were thus presented as sound-and-gesture correlates, ex. <u>mad</u> and a fist (to express anger).

(v) the amount of new material, presented in little chunks at a time with plenty of fun-type repetitions.[13.]

Walter's phonetic inventory grew through trial and error, his vocabulary list expanded at the same time as his topics increased. In one of the later sessions, when the dental stops were introduced, Walter volunteered a new conversation topic. He made me a drawing of the doctor and then named him: [doto]. Simultaneously, social interaction augmented, as we shall see briefly in the next section.

2b) <u>Releasing the flow of speech: communicative use of speech in different social settings</u>

Walter liked «signing» words. In fact, he was encouraged by the staff to use gestures as well as words in order to communicate his physical as well as his emotional needs and feelings more efficiently. In this latter domain, Walter was blocked. He would express positive, but not negative feelings. For example,

when asked how he felt, he would always signal «O.K.» (thumb touching index finger), even if he was miserable. As verbalization became easier, his contact with others seemed to improve. He pulled staff members by the arm to tell them about his home visit or to ask for a bath. He even started to express his negative feelings, or feelings of malaise. In the latter case, he would point to the part that hurt, saying [do] or [doto] (doctor). Generally speaking, Walter looked happier and more relaxed. Speech seemed to flow more freely. In his drawings there were fewer bars (teeth) across the mouths of individuals (see Annex II, III). Body awareness also seemed to have shifted. The people he drew started to have bodies with arms and legs.[14.] At the same time, Walter started to use body language more efficiently for social interaction.

Occasionally, telegraphic sentences of three words were uttered, if, for instance, there was talk about the possible visit of his parents, ex. [kom hom vIzIt]. Speech was truly in progress. Yet progress varied as Walter's mood varied, and accordingly his desire to interact with others.

Again, arrested speech in a young adult developed after the age of puberty. As Walter's pronunciation improved, and his vocabulary and sentences increased, his interaction with others augmented. The key to Walter's speech development was a) the safety factor (he needed to feel at ease in order to respond to people or events); b) the choice of topics and materials adapted to his realms of interest and to his capabilities; and c) the way these materials were presented, gradually and in small, meaningful units that could then be used in different communicative settings (ex.: monosyllabic words and appropriate gestures, or short sentences, composed of these monosyllabic words).

To summarize, in my work with autistics, I observed that all of them possessed a system of communication through which archetypal reality is expressed. Interaction with these individuals

was possible as the therapist or educator tuned into the affect and the archetypal aspects of their fragmented verbal or non-verbal expressions. As a flow of meaning emerged between therapist or educator and autistic individual, certain meaningful sounds, words, rhythms and movements were used to trigger energy releases which in turn resulted in further speech development. Speech development appeared in young people that had passed the age of puberty and whose speech had been arrested at the pre-linguistic and one-word stages. A word of warning: archetypal reality is at times difficult to perceive. The unfolding of meaning-bonds with autistics is a lengthy process. Results are not always predictable, for ultimately, it is up to the autistic person to decide if she/he wants to communicate in a universe which is foreign to them.

FOOTNOTES

1. Special thanks to Wendy Greene for her great help in editing the present version.

2. «...an act of speech is an utterance» (Bloomfield 1926:154)

3. This does not exclude however, the possibility of studying parts of speech separately, while keeping in mind their interaction with other parts that constitute speech.

4. Speech is thus defined as a pragmatic system that is sensitive to linguistic and extralinguistic context (Prutting, 1982).

5. 20-50 minutes per session, recorded, 1-3 times per week.

6. Before the meal he was always asked to speak, which really meant, to produce a sound. Sometimes a groan-like cry, or only a [h], emerged.

7. For example, when stimulated in a group setting by music such as singing, piano or drumming, occasionally a joyful sound would escape his lips.

8. The first breakthrough for Fred occurred one day as he marched along in a circle of happy patients, singing and playing musical instruments. The «instrument» I had put in his hands was a dust pan and a stick. On his own he started to beat on the dust pan (drum). He dropped the dust pan, picked it up and continued to drum on it. Soon, following this event, he played with a ball on his own, an activity he had not been able to do before. This particular day, I had played ball with him, holding both his hands while catching and throwing the ball.

9. In his first attempts, he simply bit the nipple. I tried to rounden his lips with my hand and show him sucking motions. Another time, I worked on his tongue. «Show me your tongue». No reaction. I put honey on his lips. He wiped it off with the back of his hand. I put honey on my finger tip and approached his lips. He rounded them, blew (!), then, with the tip of his tongue, hesitantly tasted the honey. I quickly put the baby bottle in his mouth and he sucked!

10. The cervical spine is located in the neck. Stress or misalignment of the vertebrae can affect the following areas:

1. cervical vertebrae (C.V.): blood supply to the head, the brain, etc.
2. C.V.: eyes, auditory nerve, tongue, forehead, etc.
3. C.V.: cheeks, teeth, face bones, etc.

4. C.V.: nose, lips, mouth, etc.
5. C.V.: vocal chords, etc.

11. I must add that body awareness work with Fred by a Feldenkreis practitioner contributed greatly to his general development. Fred also received much support from the residential staff who let him listen to records of his own choice!

12. We practice t/d: Touch the tip of the tongue with the finger in order to become aware of it; then push with the tip of the tongue against the upper teeth. The finger pushes the tip of the tongue behind the upper teeth.

Articulation exercises with [t]: ta, te ti, thi, thu, (difficulty with the vowel and the articulation of [t])

[d]: feel vibrations on your throat (with hand).

We practice [m] holding lips together,

[b][p] we hold lips together and release with puff of air [ph]

[n] we touch the tip of the tongue, n like in no
Walter pronounces this word well.

13. Let me present a sample session: We start out with our usual ritual, the lighting of the speech candle that symbolizes light penetrating darkness, the darkness of speech difficulties. This ritual helps Walter to calm down and to focus his attention.

We talk about the breakfast Walter had this morning, thus repeating the sound [m] and holding the lips with the hands.

Walter sits at the table and drinks milk:

Teacher	Walter
Do you like your milk?	
m m m	[m] and rotation of hand
Do you want some more?	[mo] and hand reaching out
More milk?	[mo mi] and hand reaching out

Whenever Walter gets excited, all he can produce are gestures. We introduced our own signs that proved very effective in reinforcing more abstract linguistic forms, and in providing the learner with an alternative, simpler nonverbal form of communication.

We introduce a new sound:

[p] hold the lips together, then release the sound with a slight puff of air

13. cont.

Teacher	Walter
It's supper. You have pie for dessert.	
You are asking for pie.	[pai] slice indicated with thumb and index finger in the shape of a V
You want a second?	
More pie?	[mo pai] and hand reaching out
Now you want a third cup of milk? Great!	[mo mi]
more milk	
Who wants another piece of pie?	[mi] pointing at himself

Sing now like Indian warriors:

mi	pi	
me	pe	
ma	pa	etc.

It's story time already. «Let's see how far we got in the Amerindian legend.» Walter relaxes and sits in expectation. Of course, the unexpected always happens. Sometimes we have to shorten the session because of Walter's negative, uncooperative mood which doesn't seem to change during the session. Or suddenly a movement, a sound or a word triggers off some negative reactions. A good educator has to be flexible, respecting his or her student's space and adapting the material accordingly.

14. Again, these developmental changes were due to collaborative work with the different staff members who all recognized and encouraged the changes in Walter. Special mention should be given to the Feldenkreis practitioner.

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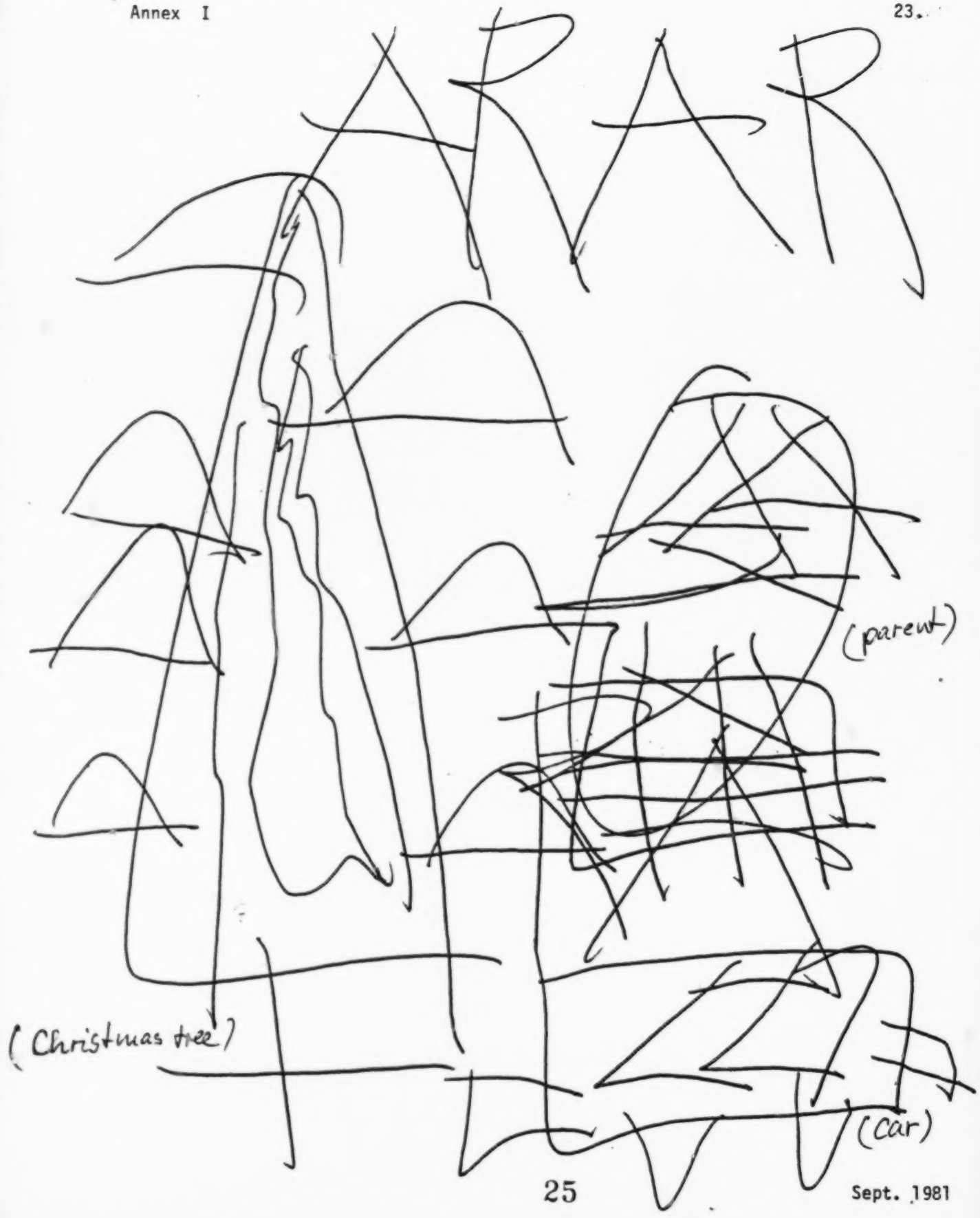
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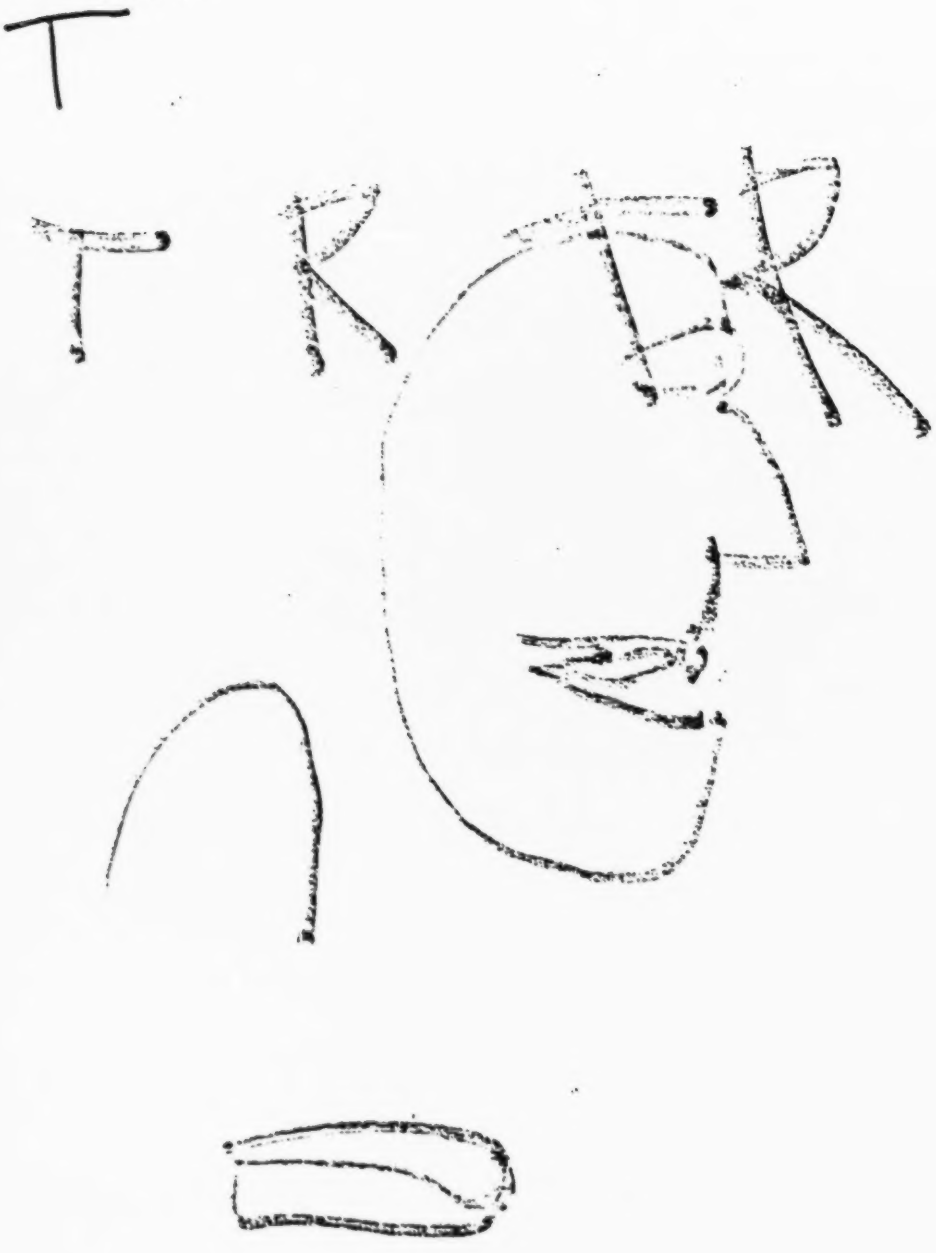

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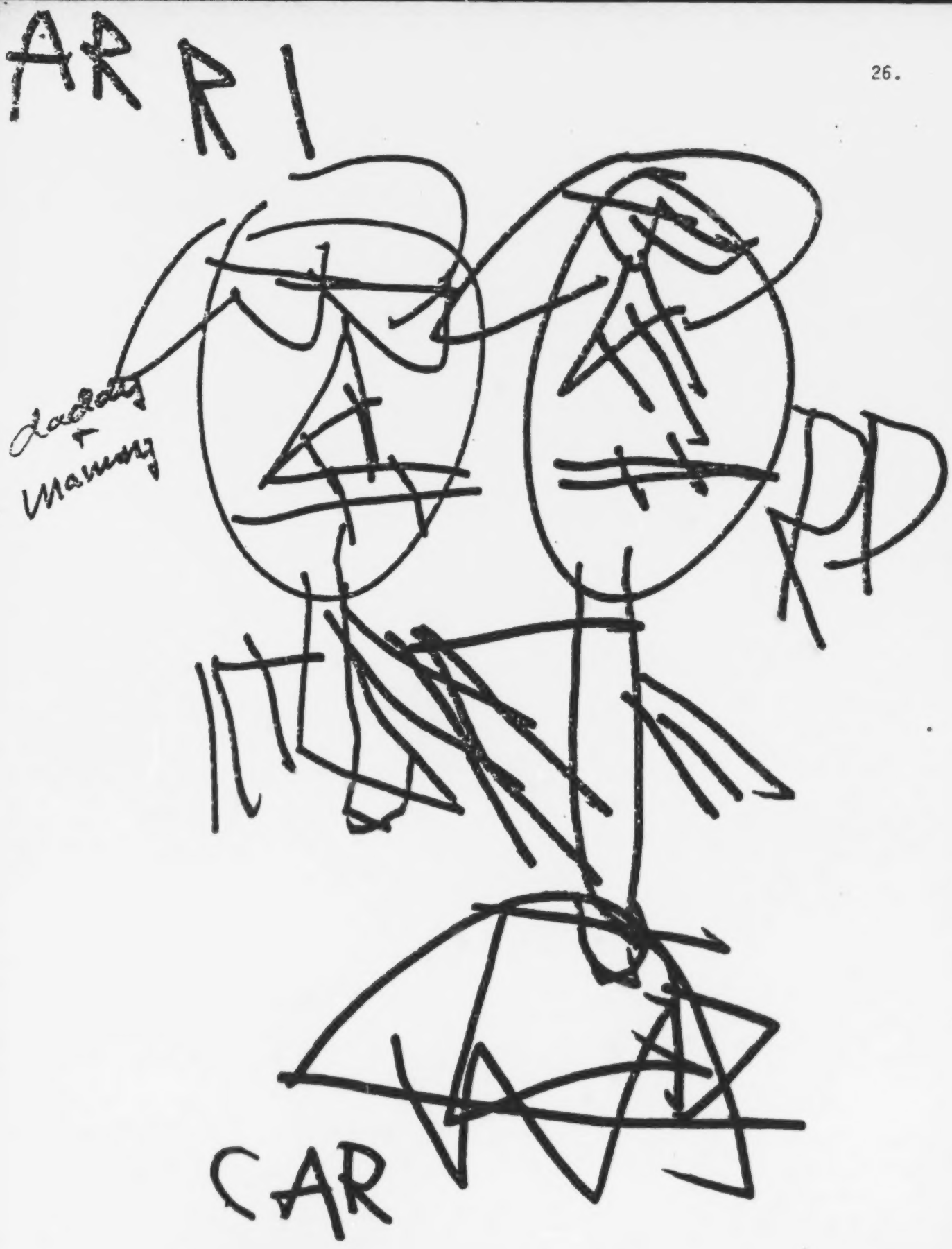
The doctor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